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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

 Substitute for Form PTO-1360
 (For use with Form PTO/SB/06)
Application Number
EFiling Date
21 October, 2003 To be Mailed

Applicant(s) WALKER, HAROLD R.

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* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/21/2008		AFTER SPC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			2									
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Total Claims				29								
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